


# Recommended Childhood and Adolescent Immunization Schedule — United States, January – June 2004

4A

Vaccine	Age	Range of Recommended Ages				Catch-up Immunization				Preadolescent Assessment			
		Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 y	11-12 y	13-18 y
Hepatitis B <sup>1</sup>		HepB #1	only if mother HBsAg (-)	HepB #2		HepB #3						HepB series	
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
<i>Haemophilus influenzae</i> Type b <sup>3</sup>				Hib	Hib	Hib <sup>3</sup>		Hib					
Inactivated Poliovirus				IPV	IPV						IPV		
Measles, Mumps, Rubella <sup>4</sup>							MMR #1				MMR #2		MMR #2
Varicella <sup>5</sup>								Varicella			Varicella		
Pneumococcal <sup>6</sup>				PCV	PCV	PCV		PCV			PCV	PPV	
Vaccines below this line are for selected populations													
Hepatitis A <sup>7</sup>												Hepatitis A series	
Influenza <sup>8</sup>													Influenza (yearly)

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2003, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.  Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: <http://www.vaers.org/> or by calling 1-800-822-7967.

**1. Hepatitis B (HepB) vaccine.** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 to 15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks.

## 2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.

The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15 to 18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11 to 12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

**3. *Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

**4. Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4 to 6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

**5. Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

**6. Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2 to 23 months. It is also recommended for certain children age 24 to 59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-38.

**7. Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

**8. Influenza vaccine.** Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to children with asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection, and diabetes; and household members of persons in high-risk groups [see *MMWR* 2003;52(RR-8):1-36]) and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6 to 23 months are encouraged to receive influenza vaccine if feasible, because children in this age group are at substantially increased risk of influenza-related hospitalizations. For healthy persons age 5 to 49 years, the intranasally administered live-attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2003;52(RR-13):1-8. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if age 6 to 35 months or 0.5 mL if age ≥3 years). Children age ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at [www.cdc.gov/nip/](http://www.cdc.gov/nip/) or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices ([www.cdc.gov/nip/acip](http://www.cdc.gov/nip/acip)), the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), and the American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)).

## IMMUNIZATION REQUIREMENTS FOR SCHOOL, DAYCARE & HEAD START

If a child is this age	These immunizations are required for attendance
<3 months	None
≥3 - <5 months	1 DTaP or DTP; 1 IPV or OPV; 1 Hib, 1 Hep B
≥5 - <7 months	2 DTaP or DTP, or a combination of the two (2) vaccines; 2 IPV or OPV; 2 Hib; 2 Hep B
≥7 - <12 months	3 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 3 Hib <sup>1</sup> , 2 Hep B
≥12 - <16 months	3 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 3 Hib <sup>1</sup> , 3 Hep B
≥16 - <19 months	4 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 4 Hib <sup>1,2</sup> , 3 Hep B 1 MMR ≥ 12 months
≥19 - 49 months	4 DTaP or DTP; 3 OPV or IPV; 4 Hib <sup>1,2</sup> 1 MMR ≥12 months; 1 Varicella <sup>3</sup> , 3 Hep B
≥49 months - <5 years	4 DTaP or DTP, 1 on or after age 4 years; 3 OPV or IPV, 1 on or after age 4 years; 4 Hib <sup>1,2</sup> ; 1 MMR ≥ age 12 months & 2 <sup>nd</sup> measles containing vaccine; 3 Hep B; 1 Varicella <sup>3</sup>
≥ 5 years - <7 years	5 DTaP or DTP, one or after age 4 years; 4 OPV or IPV, one or after 4 years; 1 MMR on or after age 12 months & 2 <sup>nd</sup> measles containing vaccine 3 hepatitis B, 1 Varicella <sup>3</sup>
≥7 years	5 DTaP, DTP, or combination of the two (2) vaccines vaccines; and a dose of Td that was preceded by two (2) doses of DTP, DTaP, DT, TT or Td or combinations. 1 dose of Td given at eleven (11) to twelve (12) years of age, if at least five (5) years has elapsed since the last dose of DTaP, DTP, TT, DT or Td. 4 OPV or IPV or combinations of the two (2) vaccines, one (1) of which shall have been administered at four (4) years of age or older; 1 MMR on or after age 12 months and for children born 10/01/90 or later, a second dose of measles-containing vaccine; and 3 hepatitis B for those born 10/1/92 or later
At 6 <sup>th</sup> grade entry	1 MMR on or after 12 months and 2 <sup>nd</sup> measles containing vaccine; effective Aug. 1, 2001, 3 Hep B <sup>4</sup>
≥10 years since last DTaP, DTP or Td	1 Td

### Notes

1. If first two doses of Hib vaccine were meningococcal protein conjugate, the third dose may be omitted and the child shall be considered as having received three (3) doses.
2. If Hib vaccine has been administered on or after 15 months of age, the child is not required to have further doses.
3. Beginning August 1, 2001; one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease.
4. Effective August 1, 2001 and until the 2008-2009 school year, two (2) doses of Hepatitis B separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose. If an accelerated schedule is needed, the minimum interval between the second and third doses shall be eight (8) weeks. The first and third doses shall be separated by at least four (4) months.
5. Immunizations shall be administered at least at the minimum ages and intervals recommended by the ACIP.
6. Partial, split, half, or fractional quantities shall not be counted as a dose.

Source:

<http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Immunization+Requirements+for+School%2c+Daycare%2c+Head+Start.htm/> Rev. 3/03

# For Children and Adolescents Who Start Late or Who Are >1 Month Behind

4C

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

## Catch-up schedule for children age 4 months through 6 years

Dose 1 (Minimum Age)	Minimum Interval Between Doses			
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<b>DTaP</b> (6 wk)	<b>4 wk</b>	<b>4 wk</b>	<b>6 mo</b>	<b>6 mo<sup>1</sup></b>
<b>IPV</b> (6 wk)	<b>4 wk</b>	<b>4 wk</b>	<b>4 wk<sup>2</sup></b>	
<b>HepB<sup>3</sup></b> (birth)	<b>4 wk</b>	<b>8 wk</b> (and 16 wk after first dose)		
<b>MMR</b> (12 mo)	<b>4 wk<sup>4</sup></b>			
<b>Varicella</b> (12 mo)				
<b>Hib<sup>5</sup></b> (6 wk)	<b>4 wk:</b> if first dose given at age <12 mo  <b>8 wk (as final dose):</b> if first dose given at age 12-14 mo  <b>No further doses needed:</b> if first dose given at age ≥15 mo	<b>4 wk<sup>6</sup>:</b> if current age <12 mo  <b>8 wk (as final dose)<sup>6</sup>:</b> if current age ≥12 mo and second dose given at age <15 mo  <b>No further doses needed:</b> if previous dose given at age ≥15 mo	<b>8 wk (as final dose):</b> this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	
<b>PCV<sup>7</sup></b> (6 wk)	<b>4 wk:</b> if first dose given at age <12 mo and current age <24 mo  <b>8 wk (as final dose):</b> if first dose given at age ≥12 mo or current age 24–59 mo  <b>No further doses needed:</b> for healthy children if first dose given at age ≥24 mo	<b>4 wk:</b> if current age <12 mo  <b>8 wk (as final dose):</b> if current age ≥12 mo  <b>No further doses needed:</b> for healthy children if previous dose given at age ≥24 mo	<b>8 wk (as final dose):</b> this dose only necessary for children age 12 mo–5 y who received 3 doses before age 12 mo	

## Catch-up schedule for children age 7 through 18 years

Minimum Interval Between Doses		
Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
<b>Td:</b> <b>4 wk</b>	<b>Td:</b> <b>6 mo</b>	<b>Td<sup>8</sup>:</b> <b>6 mo:</b> if first dose given at age <12 mo and current age <11 y <b>5 y:</b> if first dose given at age ≥12 mo and third dose given at age <7 y and current age ≥11 y <b>10 y:</b> if third dose given at age ≥7 y
<b>IPV<sup>9</sup>:</b> <b>4 wk</b>	<b>IPV<sup>9</sup>:</b> <b>4 wk</b>	<b>IPV<sup>2,9</sup></b>
<b>HepB:</b> <b>4 wk</b>	<b>HepB:</b> <b>8 wk</b> (and 16 wk after first dose)	
<b>MMR:</b> <b>4 wk</b>		
<b>Varicella<sup>10</sup>:</b> <b>4 wk</b>		

- DTaP:** The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
- IPV:** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥4 years. If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of the child's current age.
- HepB:** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
- MMR:** The second dose of MMR is recommended routinely at age 4 to 6 years but may be given earlier if desired.
- Hib:** Vaccine is not generally recommended for children age ≥5 years.
- Hib:** If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB or ComVax [Merck]), the third (and final) dose should be given at age 12 to 15 months and at least 8 weeks after the second dose.
- PCV:** Vaccine is not generally recommended for children age ≥5 years.
- Td:** For children age 7 to 10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents age 11 to 18 years, the interval is determined by the age when the third dose was given.
- IPV:** Vaccine is not generally recommended for persons age ≥18 years.
- Varicella:** Give 2-dose series to all susceptible adolescents age ≥13 years.

### Reporting Adverse Reactions

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit [www.vaers.org](http://www.vaers.org) or call the 24-hour national toll-free information line (800) 822-7967.

### Disease Reporting

Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at [www.cdc.gov/nip](http://www.cdc.gov/nip) or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).



Department for Public Health  
HS1GWA

**CABINET FOR HEALTH SERVICES**  
COMMONWEALTH OF KENTUCKY  
FRANKFORT 40621-0001

**M E M O R A N D U M**

**TO:** All Vaccines for Children (VFC) Providers

**FROM:** Victor M. Negron, Program Manager  
Immunization Program

**DATE:** March 17, 2003

**SUBJECT:** Changes to School/Day Care Immunization Requirements

On January 15, 2003, the Immunization Program issued a memorandum highlighting changes in the school/day care immunization requirements. In response to some of the questions and comments we have received, this memorandum provides additional highlights of significant changes and clarifies some of the highlights included in the January 15<sup>th</sup> memorandum.

**What is the effective date of the new requirements?** The amended administrative regulation became effective on December 18, 2002. However, the requirements are not retroactive, thus, children who received school physicals and immunizations prior to the effective date of the regulation do not have to be recalled to comply with the new requirements.

**Were additional requirements added for Hepatitis B? Yes**

- A dose of Hep B is now required for children who are at least three (3) and less than (5) months of age.
- Two (2) doses of Hep B are now required for children who are at least five (5) months and less than twelve (12) months of age.
- Three (3) doses of Hep B are now required for all children who are at least twelve (12) months (See exception below).

**Was a new requirement added for adolescents to receive additional doses of HEP B?** No, the regulation was only amended to allow adolescents 11-15 years of age the option of receiving an alternative two (2) dose series. The alternative two (2) dose hepatitis B series is only approved for children 11-15 years of age (two 10 mcg doses separated by 4-6 months completed by age sixteen). The only vaccine currently licensed for the alternative two dose series for adolescents is RecombivaxHB manufactured by Merck Vaccine Division. Please note that RecombivaxHB is not currently available through the Vaccines for Children Program.



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**Was an additional requirement added for DTP/DTaP and OPV/IPV for children who are at least five (5) months of age and less than seven years of age?** Yes. By the time a child is seven years of age, he or she should have received five (5) doses of DTP or DTaP or a combination of the two vaccines and four (4) doses of OPV or IV or combinations of the two vaccines. If the fourth dose of DTP/DTaP was given on or after the child's fourth birthday, the fifth dose is not required. If the third dose of OPV/IPV was given on or after the child's fourth birthday, the fourth dose is not required.

**Please clarify the Tetanus/Diphtheria (Td) Booster requirement for children 11-12 years of age.** If a child is 11-12 years of age and he or she has completed the initial series, and if it has been at least five (5) years since the child received the last dose of DTaP, DTP, or DT, then a booster dose of Td should be administered. However, in the event a child received this booster dose of Td at less than 11-12 years of age, but at least five (5) years had elapsed since the last dose of DTaP, DTP, or DT, the dose is considered valid and will not have to be repeated at 11-12 years of age. Subsequent booster doses of Td should be administered every ten (10) years thereafter.

**Does a "written sworn statement" for a religious exemption to the immunization requirements have to be notarized?** The statute on which this requirement is based states that a parent who is opposed to immunizations may "object by a written sworn statement." A written sworn statement may be notarized, but for the purposes of this regulation, it is not required.

**When should a provisional immunization certificate expire?** Provisional immunization certificates should expire 14 days after the date the next dose is required, and should not be issued for longer than one (1) year.

**If a child presents with a certificate for a past immunization that does not include the full date (day, month, year) the vaccine was given, does it have to be repeated?** Not, necessarily. This would be an instance where common sense would have to prevail. For example, if a child born on 1/7/03 received his or her 1<sup>st</sup> dose of DTaP on 3/9/03, the 2<sup>nd</sup> dose of DTaP on 5/03, and the 3<sup>rd</sup> dose of DTaP on 6/13/03, the second dose would be valid because more than four (4) weeks certainly had elapsed since the first dose. But, one could not be certain that four (4) weeks had elapsed between the 2<sup>nd</sup> dose and the 3<sup>rd</sup> dose. Therefore, the third dose would have to be repeated.

**Does an immunization certificate have to be signed by a physician, ARNP, PA, local health department administrator?** Yes, except that a physician or a local health department administrator may designate any staff member to sign the immunization certificates.

**Do the different types of immunization certificates have to be on different color paper?** No. Most computer-generated certificates are on white paper. For the last several years, the official

certificates provided by the state immunization program have been color coded for the convenience of provider. However, in order to decrease our printing costs, all certificates printed at the state office will now be on white paper.

**Is it true that a dose may be given up to four (4) days early?** Yes. According to the MMWR 2/8/02/Vol.51/No.RR-2, page 4, "ACIP recommends that vaccine doses administered  $\leq$  4 days before the minimum interval or age be counted as valid." However, since this should be the exception and not the rule, Kentucky chose not to specifically identify a 4-day leeway in the school/day care regulation. Instead, the Kentucky school/day care requirements specify that in order for a vaccine dose to be valid, it must be administered no sooner than at the minimum age and at the minimum interval between doses, as recommended by the ACIP. This may, in some instances, include a dose that was administered 4 days early. The January 15, 2003 memorandum stated that a dose must be administered no later than at the minimum age and at the minimum interval between doses, as recommended by the ACIP. The sentence should have read, no sooner than at the minimum age and at the minimum interval between doses, as recommended by the ACIP. *An exception to this rule occurs when administering two (2) live vaccines not given on the same clinic day. For example, MMR and varicella not given on the same clinic day must be separated by at least 28 days; the four day grace period does not apply.*

Attached for your reference is a chart showing the ages at which doses should be administered. However, when in doubt, always refer back to the regulation. If you have any questions regarding these changes, please contact the Immunization Program at (502) 564-4478.

Enclosure

cc: Sharon Stumbo  
Betty Olinger  
Stephen Englender  
Barry Wainscott

**GENERAL INFORMATION AND RECOMMENDATIONS ON IMMUNIZATIONS**  
SEE AICP GUIDELINES AND CURRENT RECOMMENDATIONS FOR SCHEDULES FOR ALL VACCINES.

VACCINE	DOSAGE	ROUTE	SITES	PRECAUTIONS/ CONTRAINDICATIONS	ADVERSE EVENTS	TREATMENT/OUTCOME
<b>DTaP</b>	0.5 cc	IM	Anterolateral thigh for infants, deltoid for children and adults	Contraindications: anaphylactic reaction to prior dose of DTaP or components of vaccine, encephalopathy within 7 days after vaccine. Precautions: The other listed adverse events.	Within 48 hours after prior dose: fever $\geq 105^{\circ}$ F, collapse or shock-like state, or persistent, inconsolable crying lasting $\geq 3$ hours. Within 3 days of prior dose: seizures. Within 7 days of prior dose: encephalopathy. Anaphylaxis.	Use of non-aspirin products for elevated temperature. Cool compress (ice pack) to site for local reactions. Seek medical attention if adverse event(s) occur. If family history of CNS disorders, give patient acetaminophen at time of vaccination and every 4 hours for 24 hours to reduce elevated temperature.
<b>IPV</b>	0.5 cc	Subcu.	Outer aspect of arm (Anterolateral thigh for infants)	Anaphylactic reaction to neomycin or streptomycin. Patient pregnant.	Anaphylaxis	See protocol for Treating Anaphylactic Shock.
<b>MMR</b>	1 amp. (0.5 cc)	Subcu.	Outer aspect of arm	Anaphylactic reaction to neomycin or to gelatin ingestion. Immunodeficiency other than HIV-related. Patient pregnant.	Anaphylactic reaction.	See protocol for Treating Anaphylactic Shock. Antibody testing possible if status is necessary. Counsel to avoid pregnancy for 4 weeks after Injection. This vaccine is routinely given for persons born 1957 or later.
<b>Hib</b>	0.5 cc	IM	Anterolateral thigh for infants or deltoid in older children		Essentially none.	

**GENERAL INFORMATION AND RECOMMENDATIONS ON IMMUNIZATIONS**  
SEE AICP GUIDELINES AND CURRENT RECOMMENDATIONS FOR SCHEDULES FOR ALL VACCINES.

VACCINE	DOSAGE	ROUTE	SITES	PRECAUTIONS/ CONTRAINDICATIONS	ADVERSE EVENTS	TREATMENT/OUTCOME
<b>Hep B</b>	Varies according to exposure, age, and type of vaccine.	IM	Infants: Anterolateral thigh, deltoid if other injections are being given Adults: Deltoid	Anaphylactic reaction to common bakers' yeast	Anaphylaxis (Rare)	See protocol for Treating Anaphylactic Shock.
<b>DTaP/Hib</b>	0.5 cc	IM	Anterolateral thigh for infants, deltoid for older children.	See: DTaP and Hib	See: DTaP and Hib	See: DTaP and Hib
<b>PCV 7 Pneumococcal Conjugate Vaccine</b>	0.5 cc	IM	Anterolateral thigh for infants, deltoid for older children.		Essentially none.	
<b>Influenza</b>	0.5cc	IM	Anterolateral thigh for infants, deltoid for children and adults	Anaphylactic hypersensitivity to eggs or other vaccine components. Acute febrile illness.	Usually low: <ul style="list-style-type: none"> <li>Elevated temperature</li> <li>Malaise</li> <li>Myalgia</li> <li>A wheal at site of injection</li> <li>Neurologic disorders</li> </ul> Anaphylaxis	<ul style="list-style-type: none"> <li>Use of non-aspirin products for elevated temperature, rest and fluids.</li> <li>Ice compress for local reactions.</li> <li>See Protocol for Treating Anaphylactic Shock.</li> </ul>

**GENERAL INFORMATION AND RECOMMENDATIONS ON IMMUNIZATIONS**  
SEE AICP GUIDELINES AND CURRENT RECOMMENDATIONS FOR SCHEDULES FOR ALL VACCINES.

VACCINE	DOSAGE	ROUTE	SITES	PRECAUTIONS/ CONTRAINDICATIONS	ADVERSE EVENTS	TREATMENT/OUTCOME
<b>PPV 23 Valent Pneumococcal Polysaccharide Vaccine</b>	0.5cc	IM or Subcu.	Deltoid or lateral mid- thigh	Anaphylactic reaction to prior dose.  Children less than 2 years old. Use caution with pregnant women.	<ul style="list-style-type: none"> <li>Local erythema and soreness at injection site. Rarely, rash, urticaria, arthritis, arthralgia, serum sickness and adenitis.</li> <li>Fever, usually low grade</li> </ul> Anaphylaxis	<ul style="list-style-type: none"> <li>Use of non-aspirin products for elevated temperature, rest and fluids.</li> <li>Ice compress for local reactions.</li> <li>See Protocol for Treating Anaphylactic Shock.</li> </ul>
<b>Varicella</b>	0.5cc	Subcu.	Outer aspect of arm  Anterolateral thigh also acceptable.	Hypersensitivity to any vaccine component, including gelating.  Anaphylactic reaction to neomycin.  Immunodeficiency. Family history of hereditary immunodeficiency. Active untreated tuberculosis. Any active febrile infection. Blood dyscrasia, leukemia, lymphoma or other malignant neoplasms affecting the bone marrow or lymphatic systems. Pregnancy (pregnancy should be avoided for 3 months after vaccine).	<ul style="list-style-type: none"> <li>Local pain; redness. Mild chickenpox-like rash.</li> <li>Fever</li> </ul>	<ul style="list-style-type: none"> <li>Use of non-aspirin products for elevated temperature, rest and fluids.</li> <li>Ice compress for local reactions.</li> </ul>

## GUIDELINES FOR PEDIATRIC IMMUNIZATION PRACTICES

Guideline 1.	Immunization services are readily available.
Guideline 2.	There are no barriers or unnecessary prerequisites to the receipt of vaccines.
Guideline 3.	Immunization services are available free or for a minimal fee.
Guideline 4.	Providers utilize all clinical encounters to screen and, when indicated, immunize children.
Guideline 5.	Providers educate parents and guardians about immunization in general terms.
Guideline 6.	Providers question parents or guardians about contraindication and, before immunizing child, inform them in specific terms about the risks and benefits of the immunizations their child is to receive.
Guideline 7.	Providers follow only true contraindications.
Guideline 8.	Providers administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.
Guideline 9.	Providers use accurate and complete recording procedures.
Guideline 10.	Providers co-schedule immunization appointments in conjunction with appointments for other child health services.
Guideline 11.	Providers report adverse events following immunization promptly, accurately and completely.
Guideline 12.	Providers operate a tracking system.
Guideline 13.	Providers adhere to appropriate procedures for vaccine management.
Guideline 14.	Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.
Guideline 15.	Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.
Guideline 16.	Providers operate with patient-oriented and community-based approaches.
Guideline 17.	Properly trained individuals administer vaccines.
Guideline 18.	Providers receive ongoing education and training on current immunization recommendations.

## PROTOCOL FOR ROUTINE ACTIVE IMMUNIZATION OF INFANTS AND CHILDREN

- Pediatric DT (diphtheria-tetanus) requires the written order of the child's physician.
- As of August 1, 1998, 3 doses of Hepatitis B are required for school entry at 49 months or older for any child born October 1, 1992 or later.
- Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.
- DTaP or DT may be given between 12 – 15 months if child is off schedule. The fourth dose of DtaP or DT, must be at least 6 months after 3<sup>rd</sup> dose.
- If the first 2 Hib doses are meningococcal protein conjugate the third dose of the primary series is omitted. A booster dose is still required for children twelve months up to age five.
- IPV is the only polio vaccine available.
- MMR is usually given on same visit with DTaP and polio, but may be given before 4<sup>th</sup> birthday. As of January 1, 1997, a second dose of measles-containing vaccine was required for school entry, if child is at least 49 months of age. Children who have already entered school with only one MMR will continue to be required to have the second dose of measles-containing vaccine required prior to 6<sup>th</sup> grade entry.
- Varicella (chickenpox) is not given routinely if person is over 18 years of age. Do not give if there is a reliable history of chickenpox
- Beginning August 1, 2001, all children at least 19 months of age and less than seven (7) years of age who attend day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private schools shall have one dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease.

<b>DT</b>	Diphtheria-tetanus
<b>DTaP</b>	Diphtheria-tetanus-acellular pertussis
<b>Hib</b>	<u>Haemophilus influenzae</u> type b conjugate
<b>MMR</b>	Measles-mumps-rubella
<b>IPV</b>	Inactivated polio virus vaccine
<b>Td</b>	Tetanus and diphtheria toxoids (for use among persons $\geq$ 7 years of age)
<b>Var</b>	Varicella (Chickenpox)
<b>PCV 7</b>	Pneumococcal Conjugate Vaccine (7 – Valent)
<b>Hep B</b>	Hepatitis B

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M.D. Signature

Date

# **PROTOCOL FOR RECOMMENDED ACCELERATED IMMUNIZATION SCHEDULE FOR INFANTS AND CHILDREN <7 YEARS OF AGE**

This schedule may be used for those who start the series late or who are >1 month behind the immunization schedule.

<b>TIMING</b>	<b>VACCINE(S)</b>	<b>COMMENTS</b>
First visit (1 month or more beyond recommended age)	DTaP, IPV, Hib, Hepatitis B <sup>6</sup> , Var <sup>5</sup> and MMR (the latter two should be given as soon as child is age 12-15 months)	All vaccines should be administered simultaneously at the appropriate visit.
Second visit (1 month after first visit)	DTaP, IPV, Hib <sup>1</sup> , Hepatitis B <sup>6</sup>	Beginning August 1, 2001, one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease <sup>5</sup>
Third visit (1 month after second visit)	DTaP, IPV, Hib <sup>1</sup>	
Fourth visit (6 months or older after third visit)	DTaP, (Polio <sup>4</sup> ), Hib <sup>1-2</sup> , Hepatitis B <sup>6</sup>	
Additional visits (age 4-6 years)	DTaP, IPV, MMR <sup>3</sup>	Before school entry.
Prior to 6 <sup>th</sup> grade entry	MMR <sup>3</sup>	Repeat ever 10 years throughout life.
Age 14-16 years	Td	

If a prior Hib dose has been at 15 months or older, no further Hib is given.

Must be at least 15 months old to receive the DTaP-Hib combination.

Unless 2 doses have been received previously with first dose on or after 12 months of age.

With the accelerated schedule, the 4th dose of polio is to be given between ages 4 to 6 years. If the 3rd polio is given at 4 years of age or older, a 4th dose of polio is not given.

Beginning August 1, 2001, all children at least 19 months of age and less than seven (7) years of age who attend day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private schools shall have one dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease.

Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.

<b>DT</b>	Diphtheria-tetanus
<b>DTP</b>	Diphtheria-tetanus-pertussis
<b>DTaP</b>	Diphtheria-tetanus-acellular pertussis
<b>Hib</b>	Haemophilus influenzae type b conjugate
<b>MMR</b>	Measles-mumps-rubella
<b>IPV</b>	Inactivated polio virus vaccine
<b>Td</b>	Tetanus and diphtheria toxoids (for use among persons $\geq$ 7 years of age)
<b>Var</b>	Varicella (Chickenpox)
<b>Hep B</b>	Hepatitis B

\_\_\_\_\_  
M.D. Signature

\_\_\_\_\_  
Date

## PROTOCOL FOR IMMUNIZATION SCHEDULE FOR PERSONS >7 YEARS OF AGE NOT VACCINATED AT THE RECOMMENDED TIME IN EARLY INFANCY

TIMING	VACCINE(S)	COMMENTS
First Visit	Td <sup>1</sup> , IPV, MMR <sup>2</sup> , Hepatitis B <sup>4</sup> , Varicella <sup>3</sup>	Poliovirus vaccination is not routinely recommended for persons $\geq 18$ years of age.
Second Visit (1 month after first visit)	Td, IPV, MMR <sup>2</sup> , Hepatitis B <sup>4</sup>	
Third Visit (6 months after second visit)	Td, IPV, Hepatitis B <sup>4</sup>	
Additional Visit: Prior to 6 <sup>th</sup> grade entry or 10 years after last dose	Td	Repeat every 10 years throughout life

See individual ACIP recommendations for details.

1. The DTP and DTaP doses administered to children under 7 years of age who remain incompletely vaccinated at age 7 years of age or older should be counted as prior tetanus and diphtheria toxoid (e.g., a child who previously received two doses of DTaP, DTP, or DT needs only one dose of Td to complete a primary series of tetanus and diphtheria if 6 months between dose 2 and 3).
2. MMR is recommended at first visit with 2<sup>nd</sup> dose being given at least 1 month later. In addition, the following persons born in 1957 or later should have documentation of measles immunity (i.e., two doses of measles-containing vaccine at least one of which was MMR, physician-diagnosed measles, or laboratory evidence of measles immunity):
  - a. Those entering post-high school educational settings
  - b. Those beginning employment in health-care settings who will have direct patient contact
  - c. Travelers to areas with endemic measles.
3. Unless there is a reliable history of chickenpox, susceptible children less than 13 years of age receive one dose. Susceptible persons 13 years of age or older, receive two doses separated by 4 to 8 weeks.
4. Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.

\_\_\_\_\_  
M.D. Signature

\_\_\_\_\_  
Date

## TETANUS WOUND MANAGEMENT GUIDELINES

	Clean, minor wounds		All other wounds*	
Vaccination History	Td**	TIG	Td	TIG
Unknown or <3 doses	Yes	No	Yes	Yes
≥3 doses	No***	No	No****	No

\* Wounds contaminated with dirt, feces, soil and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

\*\* Children less than 7 years of age will receive DT or DTaP; children seven years of age or older will receive adult Td.

\*\*\* Yes, if >10 years since last dose

\*\*\*\* Yes, if >5 years since last dose

There is virtually no reason to use single antigen tetanus toxoid. Tetanus toxoid should be given in combination with diphtheria toxoid, since periodic boosting is needed for both antigens.

### TETANUS AND DIPHTHERIA

In order to be fully immunized, an adult, seven years of age or older, must have received at least three doses of tetanus and diphtheria or its derivatives appropriately given (at least four weeks apart). A child, under seven years of age, must have received at least four doses of DTaP or its derivatives appropriately given (the first three doses four weeks or more apart followed by a fourth dose six months or more later). If more than five years have lapsed since the last dose and the wound is a dirty one, a booster dose must be administered. If four doses of vaccine in a child or at least three doses of vaccine in an adult have not been received, tetanus immune globulin (TIG) must be given for other than clean, minor wounds. In the case of clean minor wounds a dose of vaccine (appropriate for age) should be administered if a dose has not been received within 10 years. It is recommended that vaccine be started, or continued, at the same time that TIG is administered. TIG should be available at all hospital emergency rooms and urgent treatment centers.

## PROTOCOLS FOR SPACING LIVE AND KILLED ANTIGEN ADMINISTRATION

Antigen Combination	Recommended Minimum Interval Between Doses
2 or more killed antigens	None. May be given simultaneously or at any interval between doses.*
Killed and live antigens	None. May be given simultaneously or at any interval between doses.**
2 or more live antigens	4-week minimum interval, if not administered simultaneously.

\*If possible, vaccines associated with local or systemic side effects (e.g., cholera, parenteral typhoid, plague vaccines) should be given on separate occasions to avoid accentuated reactions.

\*\*Cholera vaccine with yellow fever vaccine is the exception. At least 3 weeks should elapse between administration of yellow fever and cholera vaccine.

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 M.D. Signature

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 Date

## PROTOCOL FOR ROUTINE AND NON-ROUTING IMMUNIZATION

VACCINE	TIMING	COMMENTS
<b>Influenza</b>	<p>Annually, usually between mid-October and mid-November. May be started earlier if there are indications of earlier influenza activity.</p> <p>On first administration, children 6 months to 8 years of age need 2 injections at least 1 month apart.</p>	<p>Generally given to anyone 6 months of age or older who is at increased risk for influenza-related complications</p> <p>Anyone 65 years of age or older</p> <p>Residents of chronic care facilities</p> <p>Adults and children with chronic illnesses</p> <p>Immunosuppressed patients</p> <p>Children and teenagers on long term aspirin therapy</p> <p>Women who will be &gt;14 weeks pregnant during flu season</p> <p>Care givers of high risk groups</p> <p>May be given to healthy individuals who wish to avoid influenza.</p>
<b>Pneumococcal Adult PPV 23 Valent (Pneumococcal Valent)</b>	Generally 1 time. A booster may be indicated for extremely high risk individuals.	Generally indicated for the same persons in high risk populations that influenza is recommended.
<b>Hepatitis B</b>	<p>1st dose at elected date.</p> <p>2nd dose-1 month later.</p> <p>3rd dose 5 months after 2nd dose. Infant must be six months old.</p>	Indicated for individuals at risk of contact with blood or body fluids (refer to page 10 of this section).
<b>Varicella</b>	<p>One dose, if age at least 12 months.</p> <p>Two doses separated by 4 to 8 weeks, if 13 years or older.</p>	Indicated for susceptible household members of immunocompromised persons. Otherwise limited to persons age 18 and under.
<b>Tetanus-diphtheria (Adult Td)</b>	<p>Booster every 10 years</p> <p>All wounds – dose of vaccine if &lt;3 prior tetanus toxoid or unknown history or over 10 years since last vaccine</p> <p>Wounds other than clean and minor-booster if over 5 years since last tetanus toxoid</p>	If under 7 years old, use DTaP, or, if pertussis contraindicated, DT.
<b>DTaP or its Derivatives (&lt;7 years of age)</b>	<p>Booster every 10 years</p> <p>All wounds – dose of vaccine if &lt;4 doses or unknown history or over 10 years since last dose</p> <p>Wounds other than clean minor-booster if over 5 years since last tetanus toxoid</p>	Use DTaP, or if pertussis contraindicated, DT.

## PROTOCOL FOR ROUTINE AND NON-ROUTING IMMUNIZATION

VACCINE	TIMING	COMMENTS
<b>Hepatitis A</b>	<p>Check appropriate dosage (adult vs. pediatric) and schedule for vaccine being used.</p> <p>1st dose must be given no earlier than 2 yrs. (24 mos.) of age 2nd dose given 6 mos. after 1st dose.</p>	<p>Indicated and paid for by Immunization Program for children 2-17 yrs. of age who have following conditions: traveling to endemic areas, sexually active homosexual and bisexual adolescents, injecting drug users, clotting factor disorders, chronic liver disease, including disease due to hepatitis B or C.</p> <p>Indicated for others traveling to endemic areas (not paid for with Immunization Program funds.)</p>

VACCINE	AGE AT 1ST DOSE	TOTAL NUMBER OF DOSES	DOSING INFORMATION
<b>PCV 7 (Pneumoccal Conjugate Vaccine 7 Valent)</b>	7-11 months	3	Two doses at least 4 weeks apart; third dose after 12 months of age and at least 2 months after second dose
	12-23 months	2	Two doses at least 2 months apart
	>= 24 months through 5 years	1	One dose

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 M.D. Signature

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 Date

**VACCINE ADVERSE EVENT REPORTING SYSTEM**

24 Hour Toll-Free Information 1-800-822-7967

P.O. Box 1100, Rockville, MD 20849-1100

**PATIENT IDENTITY KEPT CONFIDENTIAL****For CDC/FDA Use Only**

VAERS Number \_\_\_\_\_

Date Received \_\_\_\_\_

Patient Name:

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

Vaccine administered by (Name): \_\_\_\_\_

Responsible \_\_\_\_\_

Physician \_\_\_\_\_

Facility Name/Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

Form completed by (Name): \_\_\_\_\_

Relation ☐ Vaccine Provider ☐ Patient/Parent  
to Patient ☐ Manufacturer ☐ OtherAddress (if different from patient or provider) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_

1. State

2. County where administered

3. Date of birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

4. Patient age

5. Sex

☐ M ☐ F

6. Date form completed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:

- ☐ Patient died (date \_\_\_\_/\_\_\_\_/\_\_\_\_)  
☐ Life threatening illness  
☐ Required emergency room/doctor visit  
☐ Required hospitalization (\_\_\_\_ days)  
☐ Resulted in prolongation of hospitalization  
☐ Resulted in permanent disability  
☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

12. Relevant diagnostic tests/laboratory data

10. Date of vaccination

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy  
Time \_\_\_\_\_ AM  
\_\_\_\_\_ PM

11. Adverse event onset

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy  
Time \_\_\_\_\_ AM  
\_\_\_\_\_ PM

13. Enter all vaccines given on date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

15. Vaccinated at:

- ☐ Private doctor's office/hospital ☐ Military clinic/hospital  
☐ Public health clinic/hospital ☐ Other/unknown

16. Vaccine purchased with:

- ☐ Private funds ☐ Military funds  
☐ Public funds ☐ Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously? ☐ No ☐ To health department  
☐ To doctor ☐ To manufacturer

**Only for children 5 and under**

22. Birth weight

\_\_\_\_\_ lb. \_\_\_\_\_ oz.

23. No. of brothers and sisters

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
<input type="checkbox"/> In patient	_____	_____	_____	_____
<input type="checkbox"/> In brother or sister	_____	_____	_____	_____

**Only for reports submitted by manufacturer/immunization project**

24. Mfr./imm. proj. report no.

25. Date received by mfr./imm.proj.

26. 15 day report?

☐ Yes ☐ No

27. Report type

☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.



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OR APO/FPO

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POSTAGE WILL BE PAID BY ADDRESSEE



**VAERS**

P.O. Box 1100

Rockville MD 20849-1100



**DIRECTIONS FOR COMPLETING FORM**

(Additional pages may be attached if more space is needed.)

**GENERAL**

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

**SPECIFIC INSTRUCTIONS**

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.

## INVALID CONTRAINDICATIONS TO VACCINATION

The following are **NOT** considered appropriate reasons for postponement of vaccine administration:

- Symptoms occurring after a previous dose of DTaP vaccine that involved only soreness, redness, or swelling in the immediate vicinity of the vaccination site or temperature of <105 F (40.5 C).
- Mild acute illness with low-grade fever or mild diarrhea illness in an otherwise well child.
- Current antimicrobial therapy or the convalescent phase of illness.
- Prematurity. The appropriate age for initiating immunizations in the prematurely born infant is the usual chronologic age. (Partial doses of vaccine should never be given.)
- Pregnancy of mother or other household contact.
- Recent exposure to an infectious disease
- Breastfeeding. The only vaccine virus that has been isolated from breast milk is rubella vaccine virus. There is no substantial evidence that breast milk from women immunized against rubella is harmful to infants.
- A history of allergies or relatives with allergies.
- Allergies to penicillin or any other antibiotic, except anaphylactic reaction to neomycin (e.g., MMR or IPV) and/or streptomycin (e.g., IPV). None of the vaccines licensed in the United States contain penicillin.
- Allergies to chickens, feathers, or horses.
- Family history of convulsions in persons considered for pertussis or measles vaccination.
- Family history of sudden infant death syndrome in children considered for DTaP vaccination.
- Family history of an adverse event, unrelated to immunosuppression, following vaccination.


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# National Immunization Program

*leading the way to healthy lives*

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## Quick Reference Vaccines Chart

(Quickly find information on each vaccine)

Health Care Professionals version

[General Vaccine Chart](#)

Vaccine	Menu of Choices	Vaccine Info. Sheets*	Contra-indications	Clinical FAQs	ACIP*	Pink Book**	In the News
<a href="#">Anthrax</a>	GO!	GO!		GO!	GO!	GO!	GO!
<a href="#">DTaP</a>	GO!	GO!	GO!		GO!	GO!	GO!
<a href="#">Hepatitis A</a>	GO!	GO!	GO!		GO!	GO!	
<a href="#">Hepatitis B</a>	GO!	GO!	GO!		GO!	GO!	GO!
<a href="#">Hib</a>	GO!	GO!	GO!	GO!	GO!	GO!	
<a href="#">Influenza</a>	GO!	GO!	GO!		GO!	GO!	
<a href="#">Meningococcal</a>	GO!	GO!			GO!	GO!	
<a href="#">MMR</a>	GO!	GO!	GO!	GO!	GO!	GO!	GO!
<a href="#">Polio</a>	GO!	GO!	GO!	GO!	GO!	GO!	
<a href="#">Pneumococcal Conjugate (Prevnar™) PCV-7</a>	GO!	GO!	GO!		GO!	GO!	
<a href="#">Pneumococcal Polysaccharide PPV-23</a>	GO!	GO!	GO!		GO!	GO!	
<a href="#">Rabies NEW!</a>	GO!	GO!			GO!		
<a href="#">Smallpox</a>	GO!	GO!	GO!	GO!	GO!		GO!
<a href="#">Td *</a> (Tetanus & Diphtheria)	GO!	GO!	GO!		GO!	GO!	GO!
<a href="#">Varicella</a>	GO!	GO!	GO!	GO!	GO!	GO!	GO!

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- ▶ [Flu Vaccine](#)
- ▶ [Immunization Registries](#)
- ▶ [Vaccines for Children Program](#)
- ▶ [CASA \(Clinic Assessment Program\)](#)
- ▶ [AFIX \(Grantee Assessment\)](#)
- ▶ [VACMAN](#)

### NIP Site Search

### National Immunization Hotline

- ▶ **English**  
(800)232-2522
- ▶ **Spanish**  
(800)232-0233
- ▶ **TTY**  
(800)243-7889



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**Yellow Fever**

GO!

GO!

\*ACIP= Advisory Committee on Immunization Practices

\*\*Pink Book= Epidemiology and Prevention of Vaccine-Preventable Diseases Course Textbook

**Jump to:**

- [Current vaccine shortages and delays in distribution](#) (includes temporary changes from routine recommendations)
- [General Vaccine Chart](#)

\* **Accessibility Note:** Screen-reader device (text-only) versions of some of the publications above can be found as follows:

- [Vaccine Information Sheets](#)
- [Pink Book](#)\*\*



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